FOR STATE Item#1, per tele. cMEDIGAL EXAMINER'S CERTIFICATE OF DEATH 19969	
TOR STATE TOOM! TADOL PETER CHIMDICAL PARAMETERS CENTREMENTS CENTREMENTS OF DEATH OF STATES	9
HEALTH DEPT 1. DECEASED NAME First - Middle Last 20 DATE KNOWN MORTH DOWN	Year 2b. HOUR
Marion Francis Marion Abrecht DEATH MATERIAL 7 8	168 8 P.M
2 CEV A PACE IS DATE OF DIDTH. IS NINDER LYFAR IS HARDER 24 HDS. OF DATE OF COLUMN OF DEAD	2d. HOUR
Male White Sept-11,1910 57 brindery) Month Doy 70. BIRTHPLACE (State or foreign To. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	M 911 3961 108
70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Maryland U. S. A. WIDOWED DIVORCED Frederick	Md.
Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital duffiation exemif refired.) Frederick	(IND OF BUSINESS OR
Frederick Frederick memorial hospital haboter	ed.Co.Roads
130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before light CITY OR TOWN admission flated light Comprederick Frederick VES K NO John Hanson Apts.	
TOTAL STORESTON	Lost
T Abrecht Bessie Trene Mott	
160. WAS DECEASED FUER IN ILS ARMED FORCES? LIAN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	Md.
	Frederick,
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave tise to immediate cause (a), stating the underlying cause last. (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ON DESTINE HEART FAILURE ONE TO OR AS A CONSCIUDING OF	DETRICK ORSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF	
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196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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PRIMARY OR CONTRIBUTING HOUR A.M. 19 PM. 19 21d. INJURY OCCURRED AT WORK AT	
22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	ond in my opinian
22a. I certify that I took charge of the remains described obove, held an Autopsy , Inspection , Inquiry , death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined monner .	one an any opinion
CHIRE MEDICAL EXAMINED	
ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNE	00 10
Official Examiner Solution of County) Assistant Medical Examiner Deputy Medic	9-60
DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county) Robert J. Thomas, M.D. DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county) 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	
Burial July 11.1968 Mount Olivet Cemetery Frederick Freder	ick Md.
812 ADDRESS FECURE 250. RECD BY REGISTRAR 25b. REGISTRARS SIGNAL BY REGISTRAR 25b. REGISTRARS SIGNAL BY REGISTRANS SIGNAL BY REGISTRARS	IURE
M. R. Etchison & Son, Frederick, Maryland Wil 11 1000 Keeping	elder.

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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03860 CERTIFICATE OF DEATH DECEASED-NAME **First** Middle Lost 20. DATE OF DEATH 26. НОШР (Type or print) Month July Philmere John Ambush lease remove carbon papers. Pages ond in ony event, within 72 hours after 6. AGE (In years last birthdoy) 3. SEX 4 RACE 5. DATE OF BIRTH ... IF LINDER 1 YEAR MONTHS DAYS requires that the death certificate be executed within 24 hours aft 3-3-1893 Mele 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED country) WIDOWERY DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Frederick and completely filled TO CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Frederick Frederick Laberer 25.25.25 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES 🗔 NO Dickersen Renderick 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last Virginia Williams Charles Ernest Ambush 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT I (If yes give war or dates at service) Yes, no. or unknown) 218-01-8227 Leeks Dickerson, Md 18. CAUSE OF DEATH (Enter only one cause per/fine for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) buriol, cremotida, Conditions, if ony, which gove buriol-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 42-YES 7 NO T detoched for use te Dept. of Health O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING ATTENDING PHYSICIAN: 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while ot work 220. I certify that (I) (this haspital) attended the deceased from 1964, 1968, ta 1968, ta 1966, that (I) (we) last saw the deceased alive an 1964, and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated abave, (I) (we) (did) (48 not) view the bady after death. 3 should 22b. SIGNATURE 22c. DATE STGNED ATTENDING STAFF DIRECTOR PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Professional Bldg LeRev T. Davis 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) St. Pauls Church Della 8-2-1968 Md 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR WATE (4) DATE AUG 2 Ochanles 1968 C.E. Hicks, 111 Frederick, Maryland

ORDER OF THE PERSON OF THE PER and produced on the control of the c The state of the s The state of the s the market are a series of the feeting of and the state of t

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type or print) Month ~ Ernest Payne Ault 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR requires that the death certificate be executed within 24 hours after Jest birthday) white 10/19/1892 male and completely filled in by 7o. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [X] NEVER MARRIED [X] country) Maryland U.S.A. Frederick WIDOWED F DIVORCED F 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital on, or removal, and in any event, within 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 978 East 1 D1 St [during most of working life, every feetired.) Brunswick 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATEMaryland 13b. COUNTY rederick Brunswick YES 918 East 'D' NO T Street 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Middle Rudolph Ault Emma Payne 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no or unknown) (If yes give war or dates of service) 05-10-3647 Jessie B. Ault Brunswick. Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses burial-PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 1 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g DATE OF OPERATION 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 📑 NO [21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City of Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS. 22e. ADDRESS Brunswick, Maryland 22d. PHYSICIAN'S E. Pruitt.M.D. Charles NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, RENOVAP (Specify) 236. DATE 7/26 (State) (County) Union Cemetery Lovettsville Loudoun Va. **ADDRESS** 25p. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTO VR A15 (4) 30M REV. 1/68 Brunswick, Maryland DATE JUL 29 Ochania

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 39862 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First 2g. DATE KNOWN Month Year 2b. HOUR (Type or Print) ESTI-Robert Lewis Breeden DEATH MATED July 19 IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR Year male white April 21, 1924 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country)West Virginia U. S. A. WIDOWED | DIVORCED [Frederick the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office along with INDUSTRY Transfere during most of working life, even if refired.) Frederick Memorial Frederick 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN land2 with 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ofter death. 13b. COUNTY Berkeley Ridgeway YES NO IN Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Luther Viola Breeden Graves 4 should be forworded to the Chief Medical Examiner's poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil **ADDRESS** (Yes, no, or unknown) 228-16-5329 Mrs. Edna Breeden, Ridgeway. West Va File .⊑ within This certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED 8Y: permit. BETWEEN ONSET AND DEATH Skull - avulsin Brain IMMEDIATE CAUSE (a) event DUE TO. OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 removal 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? ico le, YES NO TO 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month. Day. Year 3 shauld PRIMARY OR CONTRIBUTING buriol, cremotion, EXAMINER: CAUSE OF DEATH 21e. PLACE OF INJURY (At home; form, street, 21f. LOCATION Street or R.F.D. No. City or Town factory, office building, etc.) tegluray FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Notural couses Accident Suicide . Homicide | Undetermined monner death resulted from: CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER MOY EXAMINER'S Robert J. Thomas, M.D. 5 moy TO FUNE Health ADDRESS(Street, city, town, or county) the 23d. LOCATION (City or Town) BURIAL CREMATION (County) July 9, 1968 Timber Ridge _emetery | Highview 24. FUNERAL DIRECTOR 1968 Winchester, VirginiaDATE JUL VR A15ME (5) 10M REV. 1/68

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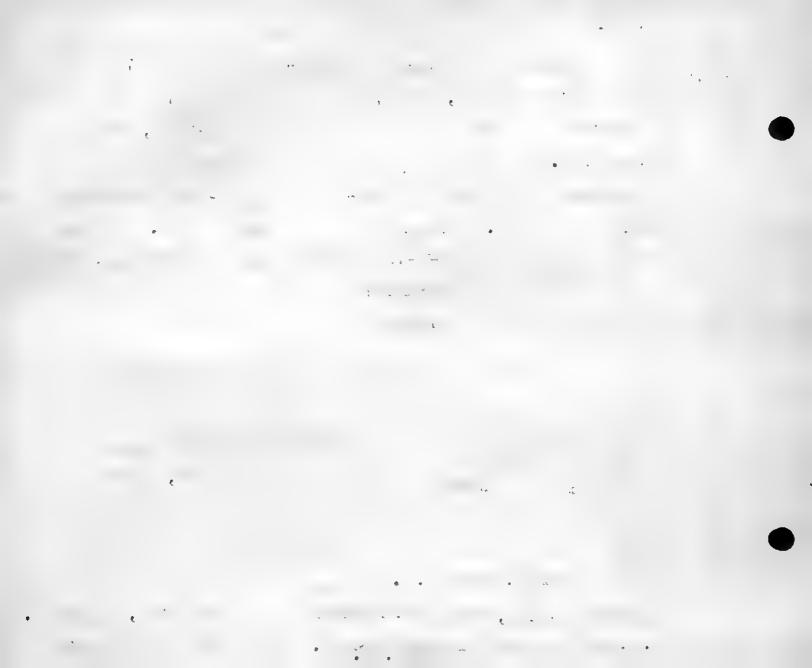
	_	1	MARYLAND STATE DEPARTMENT OF HEALTH
1.,	1	П	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		L	CERTIFICATE OF DEATH
	를 무겁를 -		DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b HOUR Type or print) Month Doy Year 25 To
	er death. funeral '1 and 2 er death.	L	71/1CE EIVA DUSSARD July 15 1968 90PM
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	by the fun	L	Female White 9/20/1908 199 Yrs. Month's Day's MOURS MIN
	In a second	70	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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	uted within 24 Impletely filled in ye'carban paper event, within 72	10.	CITY OR TOWN OF DEATH I. NAME OF HOSPITAL OR INSTITUTION (IT not in hospital 120, USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
	arban arban at, wit	E	rederick frederick Memorial Hosp. Sec Treas. Clothing mg
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	e company		Maryland Frederick Middletown Sk wo 109 5. Verlerson St.
	and completely to remaye carban in any event, with	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
	Se din de	L	Daniel L. Bussard Sarah Dutrow
	h certificate bu	160	2. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, or unknown) (Il yes give war or detes of service) 211-10-2553 liss Eva Bussard, Middletown, Md.
	phy en a	<u> </u>	I DMA COLUMN TO THE COLUMN TO
	em em		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART DEATH WAS CAUSED BY
	e death attendii sermit. an, ar re		IMMEDIATE CAUSE (a) Cital Control Control
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	SSIC ISPITE ISPITE ISPITE ISPITE ISPITE ISPITE ISPITE ISPITE IT. OF IT.	MEDICAL	(If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State
	PHY PHY PHY Tack Tack Dep		21d INJURY OCCURRED While Not while of work AT HOME FARM, STREET, FACTORY 21f. LOCATION Street or R.F.D. No. (Ity or Town County State
	Ser the defended of the later		22a. I certify that (I) (this hospital) ottended the deceased from 15 July 1968, to 15 July 1968, that (I) (we) last
	Aftra Street	ш	saw the deceased glive an 15 July 1968, and that in (my) (our) apinion death occurred on the date and hour and from the
	OR:		couses stated above, (1) (we) (did) (did not) vielw the body after death.
	R Al	1	226 SIGNATURE 226. DATE SIGNED 226. DATE SIGNED
_	DIR be	Т	Jenny V. (Mase DEGREE PHYS DIRECTOR LI PHYS. L. 1/5 July 1968
	TAI may AII pa		22d. PHYSICIAN'S NAME (Type) Henry V. Chase 804 Tell House Ave Frederick Md
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the Maspital ar attending physician. **O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and exposed in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remays carbon papers Pages 1 and should be filed with the State Dept. at Health prior ta burial, cremation, ar remayal, and in any event, within 72 hards after death		The state of the s
	H B E E E E E C	230	b. Burial (Remation, 23b Date 23c Name of Cemetery or Cemetery 23d Location (City or Town) (County) (Stote) Removal (Society) 7/18/68 I. utheran Cemetery Middletown, Fred., Md.
	5 5	24	FUNERAL DIRECTOR ADDRESS ADD
	VR A15 (4) 30M REV 1/68	1	Gladhill Company . Middletown, Md. ML 19 1968 Actionles Jusque
		-	GIRGHILL COMPANY, & MIGGINE PARTY

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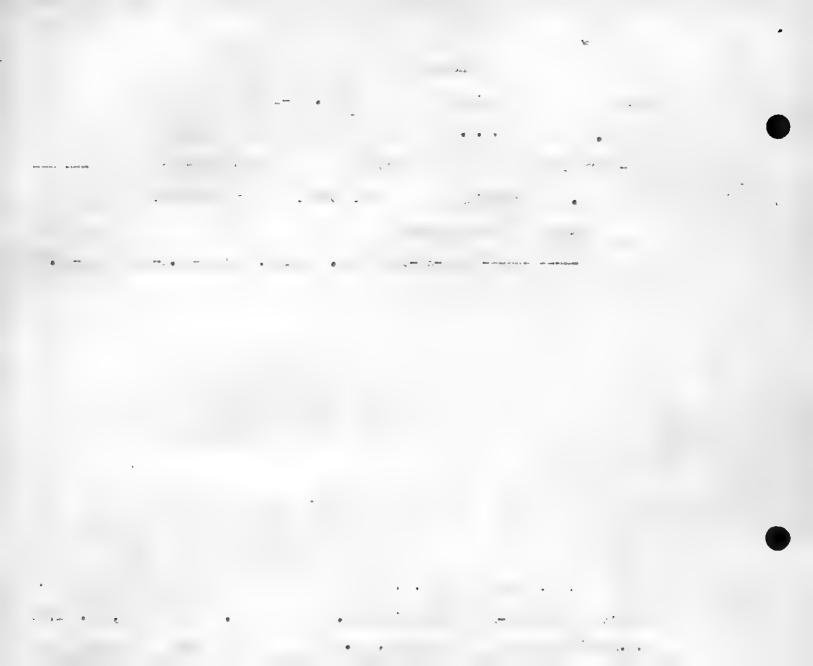
_	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	_
E PT.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH .	206
	1. OECEASED NAME First Middle Lost 20 DATE KNOWN Month Date (Type or Print) Robert. Tarner Cooper	y Year 2b HOUR
	RODERT LYNN COOPER DEATH MATED	
ı	Male White October 9, 1920 tot by 1920 MONTHS ON'S HOURS MAIN Month 7 Day 6	Year 19 68 15 N
	70 BIRTHPLACE (Stote or foreign 75, CIT-ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
-	COUNTRY) Virginia USA WIDOWEO OVORCED Frederick, Count	
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1	14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
-		Lynn
1	16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes_no, or unknown) (It yes_g ve was or doles of service) 16b SOCIAL SECURITY NO 226—26—1155 Thurston Cooper Lovettsville,	77.2
L	Yes (1985) (1985) (1985) (1985) (1985) Thurston Cooper Lovettsville,	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	IMMEDIATE (AUSE (o)	
ı	Onditions, if any, which gave) Due To, OR AS A CONSEQUENCE OF Conditions, if any, which gave)	
П	nse ta immediate cause (a), (b)	
ı	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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	WAS PERFORMED?	YES TE NO
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		aunty State
1	WHILE AT WORK AT WORK Factory, office building, etc.) River Brunswick, Maryland	
	22a certify that I took charge of the remains described above, held an Autopsy (x), Inspection (), Inquiry (),	and in my opinio
	death resulted from Natural Accident Suicide Homicide Undetermined manner	
	CHIEF MEDICAL EXAMINER	
	ACTUAL AC	NED
	SIGNATURE ASSISTANT MEDICAL EXAMINER COPUTY MEDICAL EX	_8-68
	NAME (Type) Robert J. Thomas M. D. ADDRESS(Street, city, town, or county)	
-	230 BURIA, (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 123d LOCATION (City or Town) (Co	unty) (State)
	REMOVAL (Specify) Burial July 9, 1968 Union Cemetery Lovettsville, Lou	doun Va.
	24 FUNERAL DRECTOR (ADDRESS) 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE
	M. R. Etchison & Son 106 East Church St. 141 - 9 1968 Charles	Judge
-	Progorion, Mas	

MAKYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH Detail Details Detail Detail				NOISIVIA		301 W PRESTON			ND 21201	3367	
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1141/1410	CERTIFICATION 1	O. DATE OF OPE	RATION 196.	CONDITION FO	DR WHICH OPE	RATION WAS PE			CAU	. IF YES, WERE FINDING SES OF DEATH?		CERTIFYING
		OR CONTRIBUTING f either, natify	VAS UNDERLYIN CAUSE OF DEAT medicol exomi	HOUR	P.M.	th Doy Yeor 1	9	OW INJURY OCCURRED (
	al	Id. INJURY OCC Vhile Not w work ot w	ork 🔲			E, FARM, STREET FA BUILDING, ETC.		OCATION Street or R.F.C		ity or Town	County	Stote
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		2b. SIGNATURE	2.0	witin	Dea	Pen	DEG	711.5	MED DIRECTOR C	STAFF D	22c. DATE SIGNED	68
	2	2d PHYSICIAN'S NAME (Type	Dr. A	. Aus	tin F	earke			rick,	-		
1	30 E	BURIAL, CREMATI	ON, 23b			23c NAME OF				ATION (City or Town)	(County)	(Stote)
1	DU 4 F.	REMOVAL (Specifor) PLAT INERAL DIRECTO	R			ADDRESS	,	metery 250 RE	MILCIC CD BY REGISTRAN	letown,	AR S SIGNATURE	Md.
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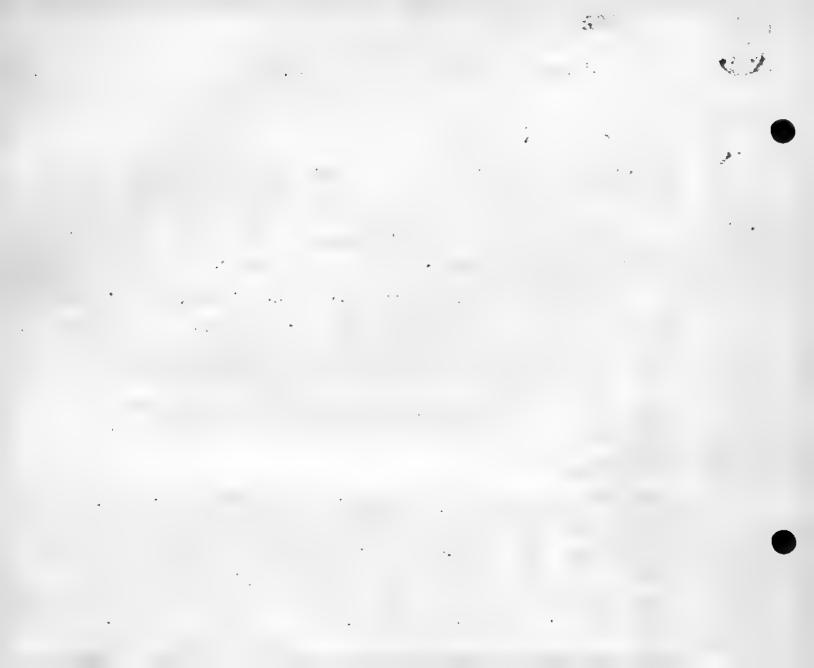
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(M)	_	6.5.014			E OF DEATH		
AN: The faw requires that the death certificate be executed within 24 haurs after dearnal are attending physician. It is been signed by the attending physician and capaletely filled in by the funeral far use as the burial-transit permit. Then please remove carban papers. Pages I and 2 Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death.		ECEASED-NAME First Ype or print) Will	Middle Rigg			July Month 21 Day	1968eor 7:10M
24 haurs after dea ed in by the funera tpers. Pages I and 172 haurs after dea	3. SE		4. RACE	5. D.	ATE OF BIRTH	6. AGF (in years	(F UNDER 1 YEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN.
age:		Male	White		July 17- 1890	6 last hirthdoy) YRS.	MONTHS DAYS HOURS MIN.
is. P		BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED N	EVER MAKKSED	OUNTY OF DEATH Frederick	
n 72	10.0	Md.		WIDOWED [DIVORCED	CCUPATION (Kind of work done	Md. 12b. KIND OF BUSINESS OR
		Frederick	give street address) Frederic	Nursing Ho	me dur ng most o	of working life, even if retired)	INDUSTRY Foundry
12		USUAL RESIDENCE (Where deceosission) STATE	ed lived, if institution Residence 13b. COUNTY Freder		VEC PM NO T		St.
3	14 1	FATHER'S NAME First	Middle		THER'S MAIDEN NAME First	Middle	Lost
		Levi	Montegue I	ixon	C	lara Estelle	Layman
		WAS DECEASED EVER IN U.S. ARM (es no, or unknown) (if yes give w	as no dates of sanues.			Address ixon-213 W. 5th	
			ly one couse per line for (a), (b),				APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
5		PART I DEATH WAS CAUSED IMMEDIA	ITE CAUSE (a)		uman ca	2	24 tid ur
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		rise to immediate cause (a), ((b)	THE OF	 	· · · · · · · · · · · · · · · · · · ·	
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			(c)	H SUT NOT RELATED TO THE	TERMINAL DISEASE OR COND	DITION GIVEN IN PART 1(a)	1
	l_	4 . DIALU	172 MOC (11	170		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	A I	190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION	WAS PERFORMED	20o. AUTOPSY?	20b IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
1	CERTIFICATION				YES 🔲 NO 🏝	CAUSES OF DEATH?	
7		21a ACCIDENT WAS UNDERLYIN			NJURY OCCURRED (Enter not	ture of injury in Part 1 or Port 2,	Item 18.)
	DICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Do	Year 19			
	MEDI		PLACE OF INJURY (AT HOME FARM, OFFICE BUILDING	STREET, FACTORY) 21f. LOCATES	ON Street or R.F.D. No	City or Town	Caunty State
		22a. I certify that (I) (thi	is haspital) attended the	deceased from	ily , 1965		68 , that (I) (we) last
		sow the deceosed of	live on 7/0 e, (I) (we) (did) (did not) vio	1968, opd the	at rp/my) (our) opinio	n deoth occurred on the de	ote and hour and from the
		22b SIGNATURE	e, (1) (we) (ala) (ala not) vie	wine bouy after deat	II V	22¢	DATE SIGNED
		Carrelat	12 lhama	DEGREE	ATTENDING MED DIRECT	TOR PHYS Du	y 22-1968
		22d PHYSICIAN S	J. Jravire	/	22e ADDRESS	1113	
			James B. Thomas	5	Prof. Bldg.	- Frederick, Mc	1. 21701
	230	BUR AL/CREMATION, 235.		AME OF CEMETERY OR CREM		3d LOCATION (City or Town)	(County) (State)
Y		Company 17		Olivet Cem		Frederick, Md.	
68	24.	M.R.Etchison	& Son T. Fre	derick, Md.2	1701 DATUL 2	3 1968 REGISTRAR S	_

-1 - 1-110000 MAKYLAND STATE DEPARTMENT OF HEALTH

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		MARYLAND STATE DEPARTMENT OF HEALTH
/ h /r \ 1	- 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
With the same of t	П	CERTIFICATE OF DEATH
	٠ [.	
# =2#	- 11	DECEASED NAME First Middle Lost 20. DATE OF DEATH 20. DATE OF DEATH 20. Month Doy Year
er death funeral 1 and er death		MARY LOUISE EDWARDS MONTH 18 ES 195AM
for a	- 3	SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF JINDER 17 EAR).
the saft	- 1	Female Negaro 8-17-1931 lost birthday) AMYS MONTHS DAYS HOURS MIN
by the Poor	- 1-	SUBMINISTER SECTION AND ADDRESS OF THE PROPERTY OF THE PROPERT
hage had		MANAGED NEVER MARKIED
d d	Ŀ	/VId Nis, 17 WIDOWED DIVORCED Haredenick Md.
nin 24 ho filled in papers	- 1	O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
OR ATTENDING PHYSICIAN: The law requires that the death Certificate be executed within 24 haurs after death be retained by the haspital ar attending physician. NIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 ed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death	jt.	Frederich memorial huring most of working life, even if retired) INDUSTRY
ted with	- In	30. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN , 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER
ver contract		dmission) STATE - 1 13% COUNTY C C T
ow love	7. E	
in an	<u>"</u> "	4. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First , Middle Lost
8 2 2 in	ļ	Charles HERry PACKSON MAMIC NAM DISNEY
ate 'be ician o lease and ir	- [60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Frederic Tod
rtificate 't physician en please aval, and		Yes, no, or unknown) ("Tyes give wor or dotes of service) 217-28-6878 12 mgs H. Fdwards, m 138 W.ALL SAINTEST
phy phy ava	ŀ	4000000000 (1/10000)
ie death Tei othending p permit. The	- 1	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY.
he death s attendir permit. ion, ar re	- 1	IMMEDIATE CAUSE (a) MES OUT FORTH CHICAMAN Vaginare Valent I Moselle
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at the	- 1	Conditions, if any, which gave)
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主语名号句	- 1	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
equires that the physician. signed by the burial-transit burial, cremat	- 1	
Prid Signatura	- 1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
ring ren	- 1	
ndiav s the	- 1	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED , 200 AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The taw ratending attending has been se as the the prior ta	-	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED, 200 AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED, 200 AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c. ACCIDENT WAS UNDERLYING 21b FIME OF INJURY 21c. HOW INJURY OCCURRED (Frier nature of unury in Post 1 or Post 2, Item IB.)
e e e e e e e e e e e e e e e e e e e	- 1	210. ACCIDENT WAS UNDERLYING 216 FINJURY 211. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Peri 2, Item 18.)
He To or		CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
	-1	a fill either, notify medical examiner) r.m. y
has be	- 1	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State
PHYSICIAN: he haspital ar this certificate letached for u	-1	While Of work of work
ATTENDING PHYSIC stained by the haspii CTOR: After this certi should be detached ith the State Dept. of	-1	22a. I certify that (I) (this haspital) attended the deceased from 1965, ta 1-17, 1965, that (I) (we) last saw the deceased alive an 1965, and that in (my) (aur) apinian death accurred on the date and hour and from the
A HA S	- 1	saw the deceased alive an
the second	- 1	causes stated abave, (I) (we) (did) (did not) view the body after death.
TA SE DE SE	- 1	226 SIGNATURE 2 220 DATE SIGNED
JAN 1978	- 1	DEGREE PHYS PHYS I T-14-68
		22d PHYSICIAN'S 22e. ADDRESS 1 & F S F COND ST
RAI De		HAME (TYPE) JOHO MI CULLER EDEDERICK, MD
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death Certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician against the please of the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remayed carbon pagers Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death	-	
F S S S S S S S S S S S S S S S S S S S	_	130 BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
5 5 5 2	7	BURIAL 7-17-1968 FAITUIEW Frederick fred Md
VR A15(4)		24. FUNERAL DIRECTOR ADDRESS 2So. REGISTRAR 2Sb. REGISTRAR S SIGNATURE
30M REV 1/68		C. F. Hicks Frederick and part 1 16 1968 gelianley Judge.
	- 1	

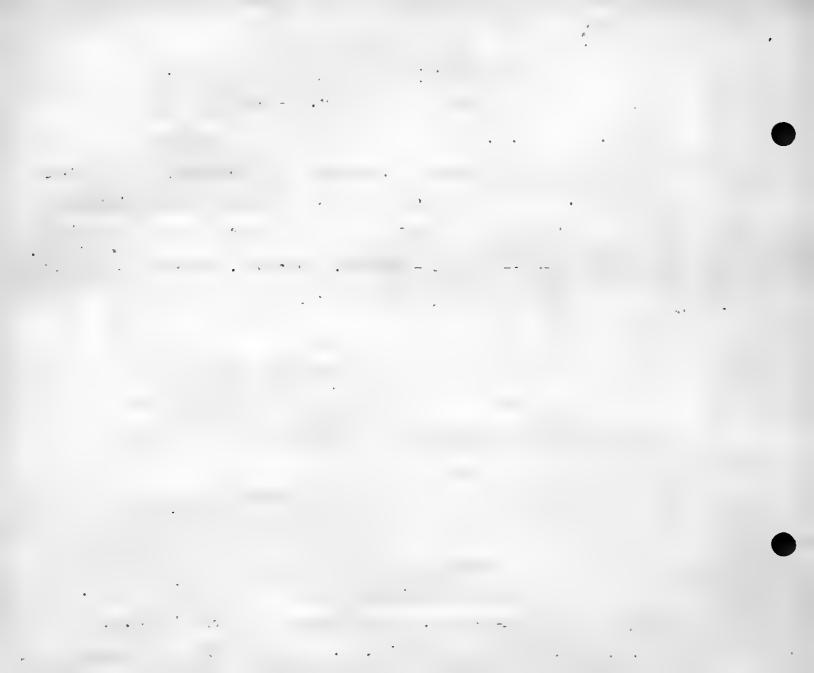


	MARYLAND STATE DEPARTMENT OF HEALTH OF SEE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
R STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy Year 2b. Hour (Type or Print) James Steven Fisher DEATH MATED 19 50 4 mm
	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (a years IF UNDER 1 YEAR IF UNDER 24 MRS 2c DATE PRONOUNCED DEAD Months Day Year 1968 8 PM
	70 BIRTHPLACE (Store or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Gountry) Prince Go. Co USA WIDOWED DIVORCED Frederick Md
	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work age is even if retired) Own Home 12 USUAL OCCUPATION (Kind of work done during most of working is even if retired) None 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working is even if retired) None
1,	130 USLA. RESIDENCE (Where deceosed lived, if institution: Residence before odm ss on) STATE Md. 13b COUNTY Fred. Thurmont YES NO Z RD 1 Creagerstown
L	14 FATHERS NAME First Middle Lost IS. MOTHERS MAIDEN NAME First Middle Lost Marie Salvaterra
	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, narword dates of service) (Yes, narword date
X .	BE CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o). Stoting the underlying couse (c). APPROXIMATE INTERVAL. BETWEEN DISET AND DIATH. PRAFT I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). HV UIS ION BERLEY APPROXIMATE INTERVAL. BETWEEN DISET AND DIATH. IMMEDIATE CAUSE (o). HV UIS ION BETWEEN DISET AND DIATH. Conditions, if ony, which gave rise to immediate couse (o). Stoting the underlying couse (c).
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(o)
	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAY CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c Blow INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item IR)
	E CAUSE OF DEATH PRIMARY MOR CONTRIBUTING HOUR AM 7/7 1968 RUIX OVER BY MOWER
	WHITE MOT WORK IN FOCTORY, Office building, etc) FARM RFD 2 THURMON FREDERICK IN
	22a certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from. Natural causes, Accident, Suicide, Hamicide, Undetermined manner
	ACTUAL SIGNATURE ASS STANT MEDICAL EXAMINER 226 DATE SIGNED ASS STANT MEDICAL EXAMINER 226 DATE SIGNED
, =	EXAMINER'S NAME (Type) Robert J. Thomas, M.D. DEPUTY MEDICAL EXAMINER XX ADDRESS (Street, city, fown, or county)
	230 BLRIAL CREMATION, BUT 181 7-9-68 23c NAME OF CEMETERY OR CREMATORY Thurmont Fred. Co. Md. 24. FUNERAL DIRECTOR 25. RECT BY REGISTRAR 256 REGISTRAR 5 SIGNATURE
1	24. FUNERAL DIRECTOR Raymond ADARESS Croager Paymond Screen Thurmont, MALUL 11 1968 Schemes June 1968 Cleanles June 1968





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 2g. DATE OF DEATH First 2b. HOUR (Type or print) 3 SEX F JINDER 1 YEAR 6 AGF (In years 24 hours after last birthday) Male White Oct. 23- 1899 bon papers. Po within 72 hoos 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign B. MARRIED A NEVER MARRIED 9. COUNTY OF DEATH country) Md. U. S. A. WIDOWED [DIVORCED [Frederick 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.)
Retired dealer give street oddress)
Frederick Mem. Hospital INDUSTRY remave carbon Frederick Appliances **D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and camplete director, page 3 shauld be defached for use as the burial-transit permit. Then please remave carb shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE Md. Frederick YES Frederick 400 Carroll Parkway 14. FATHER'S NAME Middle 15. MOTHER S MAIDEN NAME First Lost Martin Luther Freeze Key Martin Anna 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT AddressFrederick-Md. Yes, no, ar unknown) 214-10-4351A Mrs. Jeannette H. Freeze-400 Carroll Prkwv-18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) yorashiel Infarthon DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO T 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M OR CONTRIBUTING CAUSE OF DEATH Month Day Year P,M (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) edering 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23b. DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify) Mt. Olivet Cemetery Frederick-Md. 21701 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Frederick, Md. Etchison &



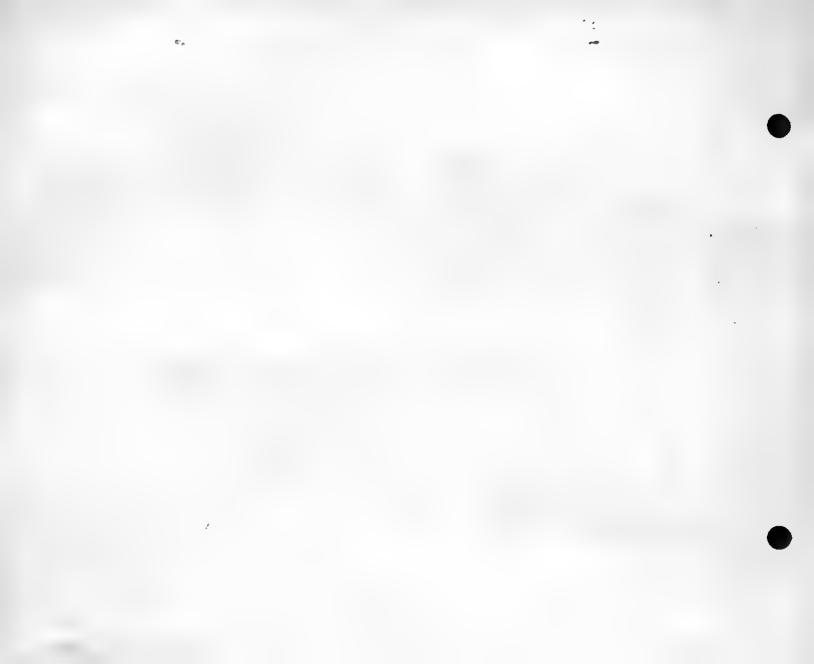
				ID STATE DEPARTMENT OF		to.
		2 2 1 1 m m m	DIVISION OF VITAL RECORDS,			
(M)		11136		CERTIFICATE OF DEATI	H	
±		CEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
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rer our	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
		Male	White	Nov. 27,	1874 Stribdoy) YRS	MONTHS DAYS MOURS MIN.
and	70	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
72 h	CONF	Pred. Co.	USA	WIDOWED NORCED	Frederick	Md.
vithin 24 ily filled ban pap within 7		ry or town of death rederick	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital during	CALCALANT (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY Busine
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d cc	14. 1	ATHER'S NAME First	Middle Last	, 15. MOTHER'S MAIDEN NAM	E First Middle	Lost
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it the death certificate by the attending physician issit permit. Then please matian, ar remaval, and i	160	WAS DECEASED EVER IN U.S. ARM			Address	
hys val,	I	PS to , or unknown) (14 yes give wo	216-05-	1049 Mrs. Gera	ald Shorb Thurn	nont, Md. RD
ree Ine		1B. CAUSE OF DEATH (Enter an	y one cause per line for (a), (b), and (c)	1 1 6	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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AN: al or cate ar u		21a ACCIDENT WAS UNDERLYING CAUSE OF DEATH			inter nature of injury in Part 1 or Port 2, 1	tem 1B.)
E ta ta ta ta	MEDICAL	(If either, natify medical examin	ner) P.M. 1	9		
has cept ept	25.	21d INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f LOCATION Street or R.F.D.	Na. City or Town	County State
edet Heber		UT WUIK GT WUIK	1	1.5	2/8//8/10	15 - 113 / 3 3 3
DIN by Affe be Sto		sow the deceased of	s hospital) attended the deceas	ed fram , 1	9, ta <u>7/8/68</u> , 19 apinion deoth occurred on the do	to and hour and from the
TEN med the the		couses stated above	, (I) (we) (did) (did not) view the	bady ofter deoth.	aphilon decim occorred on the do	te ond floor ond from the
AT Sho sho vith vith vith vith vith vith vith vith		22b. SIGNATURE	1.0	ATTEMPING		DATE SIBNED
OR DE L	П	U. Ch	win leave.	DEGREE PHYS	DIRECTOR PHYS.	7/9/68
FAL CAL	1	22d. PHYSICIAN S NAME (Type) A Au	The The Course T	22e ADDRESS	trans Assa Tiber Assa	4 -1- Wa
HOSPITAL OR ATTENDING age 4 may be retained by the FUNERAL DIRECTOR: After rector, page 3 should be d hauld be filed with the State					ouse Ave. Freder	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health prior ta burial, crease.		BURIAL, CREMATION, 23b. D	PATE 23c NAME OF Unit	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 5 2				ed Brethren Cer		ed. Co. Md.
VR ATS (4)	74	FUNERAL DIRECTOR	Raymond	. Uracegr	D BY REGISTRAR 256 REGISTRARS	SIGNATURE JUNGEL
30M REV. 1/68	XI	anmont (Orland.	Thurmont . Md.	20F - 10 1000	0 0



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1		20087	-	301 W. PRESTON STREET, BALTI	IMORE, MARYLAND 21201	~ Py
1	-	resteen titalis		CERTIFICATE OF DEATH	In District Of Person	- 4 1
18 5 5 E		ECEASED-NAME First (ype or print)	Middle	Last	2a. DATE OF DEATH Month Day	Year 2b HOUR
8-1 5-8	2.5	VIRGINIA	<u> </u>	(OOSNELL	7 /	7 1968 10:30PM
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by Proour	7a	BIRTHPLACE (State or fareign 7	b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
4 h h	cau	Maryland	$U_{\bullet}^{-}S_{\bullet}A_{\bullet}$	WIDOWED DIVORCED	Frederick,	Md
vithin 2 dy fillector popon po	10	TTY OR TOWN OF DEATH 'rederick	11. NAME OF HOSPITAL OR IN:	STITUTION (if not in haspital rsing Center during)	AL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY NOTICE
mpeter corb	13a adm	USUAL RESIDENCE (Where deceased ission) STATE Maryland	lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY IS TREE CITY IS THE TOWN TO THE		ick Street
and conv	14.	ATHER S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME F	irst Middle NOWN	Unknown
on e be	<u> </u>	Unknown	Layman			
tificate shysicie n plec vol, or	160	WAS DECEASED EVER IN U.S. ARMEI	D FORCES? or dates of service)	Mr. Gurney G.	Gosnell 429 E. Pa	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after geater. Page 4 may be retained by the hospitol or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and competely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please require corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in only event, within 72 hours after death.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Gonditions, if any, which gave a rise to immediate cause (a).	DUE TO, OR AS A CONSEQUENCE OF	2. levota 1/11.	est Viscour	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
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CLAN: itol or ifficote for u	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING pr contributing cause of death (If either, natify medical examine)	HOUR AM Month Day Year		r nature of injury in Part 1 or Part 2,	Item 18.)
PHYSIA ne hosp this cert etoched Dept. o	MEC	21d INJURY OCCURRED 21e. Pl While Not while at work at wark	LACE OF INJURY (AT HOME, FARM, STREET, FAM OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	. City or Town	County State
TENDING Ined by th OR: After ould be d the Stote		220. I certify that (I) (this	hospitol) ottended the decease re on 1 (1) (we) (did) (did not) view the	ed from SAA 177 , 19 4 9 4X , ond thot in (my) (our) opi body after death.	nion death occurred on the do	that (I) (we) fast are and hour ond from the
OR AT be retai DIRECTO le 3 sho ed with		22b. SIGNATURE	Stone 1	P.D. DEGREE PHYS.	MED. STAFF 22c.	DATE SIGNED
SPITAL 4 moy IERAL I or, pag d be fil		22d. PHYSIČIAN'S NAME (Type) Thu	mas 570 N		rederich M	D
Poge Co Fun		BURIAL, CREMATION, 23b DA	20-1968 Mount	CEMETERY OR CREMATORY Olivet Cemetery	23d. LOCATION (City or Town) Frederick,	Frederick, Md.
VR A15 (4) 30M REV 1/08-	24	Nobert E. Dai Le	ADDRESS Freder	ick, Maryland 1850 RECOB	Y REGISTRAR 2Sb REGISTRAR'S	SIGNATURE



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	Ite	em#6,Film3403 8	DIVISION OF VITAL RECOI /5/68 km		CATE OF DEATH			. 078	
		CEASED NAME First	Middle	CERTITIO	Lost	20 DATE OF			2b HOUR D
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icote be xel		WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b SOCIAL SECU	JRITY NO. 17	INFORMANT	-	Address	Rout	
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equires that the death certip physician. signed by the attending phy burial-transit permit. Then burial, cremation, or remava		18 CAUSE OF DEATH (Enter on y	ane cause per line far (a), (b), ar	nd (c))	1 . /	1		APPROXIA BETWEEN OI	NATE INTERVAL NSET AND DEATH
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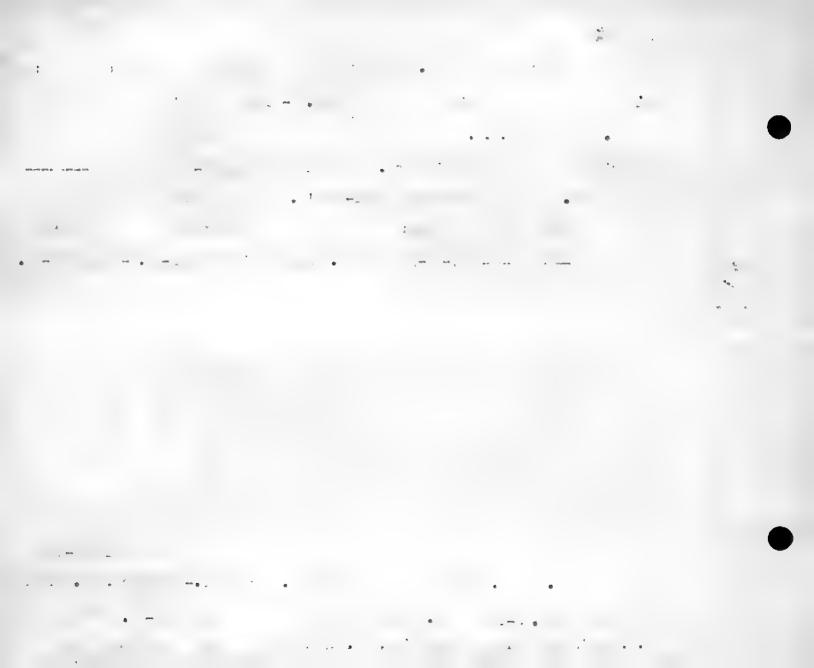
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	SICI Spita ertifi ed f		MEDICAL	(If either, natify medical examine	r) F	P.M. 1							fa.s.
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	SPITA 4 ma IERA or, p d be	^		22d PHYSICIAN S NAME (Type) Dr •	John	H. Teske		700	-		Freder	ick, Mo	1.21701
	O HOSPITAL Page 4 may O FUNERAL director, pag	2	23a.	BUR AL, CREMATION, 23b Di		23c NAME OF		CREMATORY Cemeter			(City or Town) erick, Md.	(County)	(State)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR after death. be executed within 24 hours after death ond (Type or print) Month 🥎 17 4 RACE 6. AGE (In years 3. SEX S DATE OF BIRTH FUNCER 1 YEAR IF UNDER 24 HRS. coes lost bythdoy) HOHPS 1925 May 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED New Jersey U.S.A. Frederick DIVORCED [WIDOWED [1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital Hospital House the Hospital House Hospital House 12o. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR burial, cremotian, or removal, and in any event, with _give street address) INDUSTRY Frederick remove carbon Frederick 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13e. STREET AND NUMBER 13c CITY OR TOWN Maryland 13b COUNTY Mt. Airv NO B YES Route 2 IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First Middle Last Middle William Borton E. Mary Dunham certificate 16b SOCIAL SECURITY NO 17 INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na or unknown) phys 186-14-873 Sames Charles Jr 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEAT permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if only, which gove signed by the buriol-transit p rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO I 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED State 21e. PLACE OF INJURY City or Town County While Not while of work O FUNERAL DIRECTOR: After 220. I certify that (1) (this hospital) ottended the deceased from July sow the deceosed olive on _1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b, SIGNATURE ATTENDING STAFF PHYS. DEGREE PHYS DIRECTOR 22d. PHYSICIAN S 22_B. ADDRESS NAME (Type) 23b. DATE NAME OF CEMETERY OR 23d LOCATION (City or Town) (County) (Stote) 23o. BUR AL, CREMATION REMOVAL (Specify) /28 968 Taylorsville Taylorsville, Carrol ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1968 DATE JUL 29 Waltz, Box 241, Sykesville, Md. 30M REV

MARYLAND STATE DEPARTMENT OF HEALTH





x4 1 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
TOD CTATE		
FOR STATE	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		FECEASED NAME First Middle Last 2a DATE KNOWN Manth Day Year 2b HOJR Type or Print) OF EST.
2 0 0 0		JUHN LUTHER HAMIN DEATH MATED M / 3 1908 M
delay	3. S	
2		1ale white 7-12-1909 50 yrs 9 4 1968 70 km
(- 0		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH
√ 5 5 s/	COUR	Trec. Co. USA WIDOWED DIVORCED Frederick Md
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ve P we P we P the	- F	rederick give street of the derick Memoria Louring most of working life, aven if ret red) [INDLSTRY CONTract SUAL PESIDENCE (Whose deceased year of rest where helpes life (ITV UMISS 2 Life STREET AND NUMBER)
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I haurs afte Item 18 Gi Office alan Tand 2 with	14, 8	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost
24 h		James Hahn Laura Hood
h.n 24 ncil in niner's pages hours	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS
	L (1	(em a runknown) (fryes give wer or dotes of service) 215-12-7926 Mary 5. Hahn Rocky Ridge, Md.
ould be executed wir vord "pending" in pe he Chief Medical Exar al-transit permit. File any event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (to), (b) ogd (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DIATH
te should be executed the word "pending" i I to the Chief Medical a burial-tronsit permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Houts Consocieting Heart Failure
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		210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Irem 18)
INER: Ti ne certifice shauld be files. 3 shauld I	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19
Sal astructure	MEC	2 d INJURY OCCURRED 21e, PLACE OF NJRY (At home, form, street, 21t LOCATION Street or R F D, No. City or Town County Stote
KAMINER: te the certify ge 4 shauld yaur files. age 3 shaul		WHILE NOT WHILE foctory, office building, etc.)
L EXA ecute Page ar yal R: Pag al, cre		22a l certify that a taok charge of the rema ps described above, held an Autopsy , Inspection . Inquiry , and in my opinion
bical Examiner: se execute the certical region of the certical regio		death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner
director director stained DIRECTOR		CHIEF MEDICAL EXAMINER
ple di di la		ACTUAL // ACTUAL
EPUTY ssary, I funeral ay be r iNERAL th prid		DEDUTY MEDICA SYMMITTO TO
o DEPUTY necessary, the funera 5 may be 0 FUNERA Health pr		EXAMINER'S NAME (Type) Robert J. Thomas, M.D. ADDRESS(Street, cty, town, or county)
necessary, please execute the the funeral directar Page 4 s. 5 may be retained far yaur fito FuneRAL DIRECTOR: Page 3 Health prior to burial, crema		BURIAL CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State)
	Bı	REMOVAL(Specity) 7-7-68 Mt. Tabor Cemetery Rocky Ridge FredCo. Md.
An .	24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE
VR A15ME (SV)	10	Typnond E Creager Hul - 8 1968 Clientes Judge
- V	4-	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 40883 CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH 1 DECEASED NAME First by the funeral B. Pages 1 and 2 signed by the attending physician and tompletely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, or removal, and in any event, within 72 haurs after death. within 24 haurs after death (Type or print) AROV)AVID Edwin JUL 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years lost buildhooy) DAYS MONTHS HOURS Dec. 26, 1879 White Male 70 BIRTHPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔛 NEVER MARRIED 🗌 (country) Maryland USA DIVORCED [WIDOWED [Frederick 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress)
Vindobona Con. Home during most of working life, even if retired.) INDUSTRY Braddock Heights 13c CITY OR TOWN 13e STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? odmission) STATE Maryland 135. COUNTY NO 🚍 YES Howard Mt.Airy RFD # 3 requires that the death certificate be area 14 FATHERS NAME 15. MOTHER'S MAIDEN NAME First Middle Middle 1.ost Arthur Hardy El 1za 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no or unknown) 213-36-9478 Mt. Airv. Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) AREINDMA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) METASTASES WIDESPREAD WITH rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health prior tall 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO | 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. Month Day Year OR CONTRIBUTING CAUSE OF CEATH (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21F, LOCATION Street of R.F.D. No. Stote City or Town County While Not while of work 220. I certify that (1) (this hospital) attended the deceased from - 2 sow the deceased alive oncouses stated above (1) Twe) (did) (d d not) view the body ofter deoth. 22b. SIGNATURE, DATE SIGNED MED. DIRECTOR DEGREE PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 804 Toll House Ave. Frederick Richard C. Revnolds 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) July 14,1968 Howard Chapel Meth. Long Corner. 25c. REC D BY REGISTRAR 24. FUNERAL DIRECTOR Olin L. Molesworth, 1968 Damascus. Md.



MAKTLAND STATE DEPAKTMENT OF HEALTH



7600		MARYLAND STATE Olivision of Vital records, 301 w. Pi	DEPARTMENT OF HEALTH	21201
FOR STATE		Item#2a,FilmGh03 MEDICAE BXAMINER		. 380
HEALTH DEPT.		CEASED NAME First Middle	Lost 2a D	ATE KNOWN Month Doy Year 2b HOUR
5 692.	,	(Pe or Print) Harold Joseph	Hines	OF ESTI EATH MATED EX July 24 1968
deloy i	3 S		(In years of under 1 YEAR IF UNDER 24 HRS 20 Dayshdoy) MONTHS DAYS HOURS Min	ATE PRONOUNCED DEAD 2d HOUI
A A Son	l.	IRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8		DF DEATH
- E (-)		Maryland U.S.A.		erick M
# B #	10	TY OR TOWN OF DEATH 11 NAME OF HÖSPITAL OR INS	STITUTION (If not in hospite 12a USUAL OCCUPAT	Oh (Kind of work done 12b. KIND OF BUSINESS OR
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0 ~ 5 ~ 6 / /		USUAL RESIDENCE (Where deceased lived, if institution. Residence before		STREET AND NUMBER Martin St
hours Item 18 Office Iond 2 v	14	THER'S NAME First Middle Lost	IS. MOTHER'S MA DEN NAME First	Middle Last
24 h		John Hines		Philhower
be executed within 24 "pending" in pencil in ief Medicot Examiner's information File pages event within 72 hours	16a	VAS DECEASED EVER IN U.S. ARMED FORCES? 10b SOCIAL SECURITY NO 217-18-71		ADDRESS AP Spring Md
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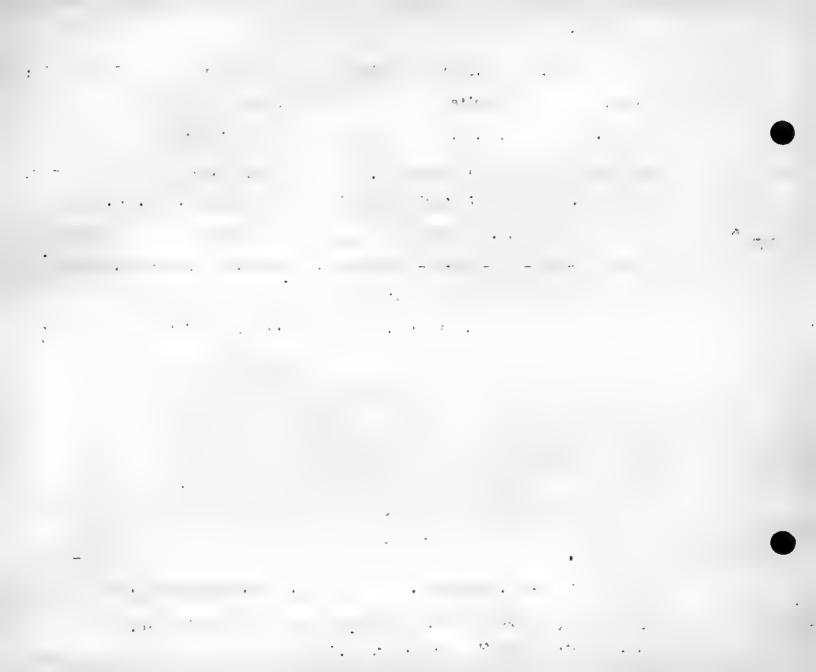








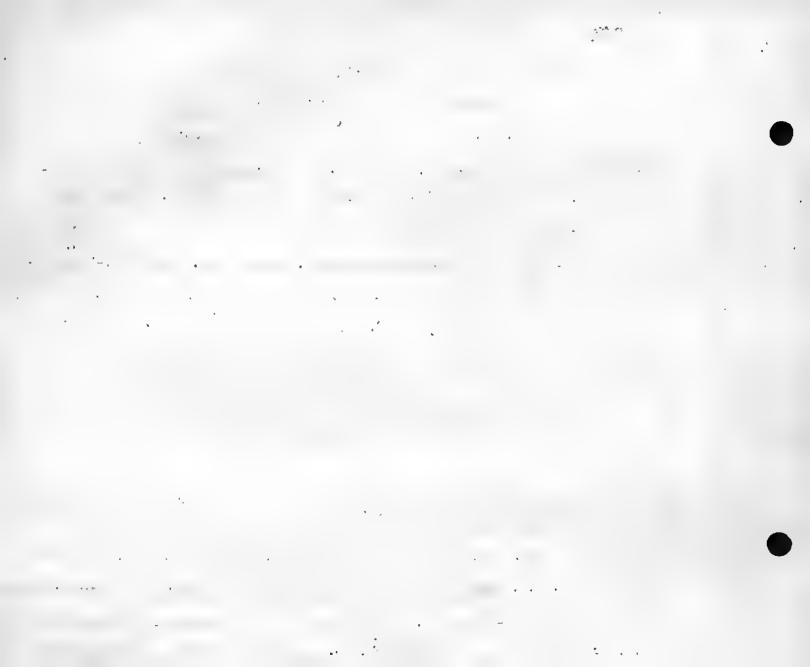
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22b ATGNATURE 22c DATE SIGNED	
DEGREE PHYS. AND DIRECTOR IN PHYS IN JULY 10-1908	}
22d. PHYSICIAN'S NAME (Type) Charles U Conley-Ir Prof Bldg -Frederick-Md 21701	
Charles A. Contey-01.	
PEHOVAL (Enacted)	cte)
REMOYAL (Specify) Burial 24. FUNERAL DIRECTOR Elwood ADDRESS Whitmore 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
ADDRESS WILLEMONE 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE M.R. Etchison & Son Frederick, Md. 21701 Date 1111 1 2 1988 October Such	



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or or us		210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW	INJURY OCCU	RRED (Enter noture	of injury in Port 1 o	r Port 2, Item 18	3)	
ICIA Sitol Sitol diffic of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine) P.M.	h Day Yeor 19							
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TO HOSPITAL OR ATTENPOSE 4 moy be retained. TO FUNERAL DIRECTOR: director, page 3 should should be filed with the			.V.Chase					se AveF	rederick	, Md.	21701
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The after has se as	18			YES 🗀	ио 🔀	AUSES OF DEATH?	
ar use		21 a. ACCIDENT WAS UNDERLYING			RRED (Enter nature a	f injury in Part 1 ar Port 2,	Item 18.)
SICIA Spira	MEDICAL	(If either, notify medical examine	er) P.M.	9	0.50	7. 7	County State
PHY be has be tach		While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FO OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street	or K F.D. No.	City or Town	Caunty State
VG T the er the de de de late [at wark — at wark —	hospital) attended the deceos	sed from June 7	O. 19.6.8. to	Quella 2 2: 19	60, that (I) (we) lost
ATTENDING etained by th CTOR: After t should be d		saw the deceased ali	ve an July 2	19 & S., brid that in (my) (our) opinion de	ath occurred an the d	ate and hour ond from the
TOR Paul		causes stated abave,	(I) (we) (did) (did not) view the	body after death.		22c	DATE SIGNED
OR A DIRECTOR 3 S ed wije		Lenn	1/ (/2/2 0	DEGREE PHYS.	MED. DIRECTOR	- CTAFF -	ly 22-1968
AL AL O		22d. PHYSICIAN'S NAME (Type) Dr. H	Vivolet	22e. ADDR	ESS		
Page 4 may be retained by the haspital ar To FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us should be filed with the State Dept. of Health	L.	2 11	.V.Chase				rick.Md.21701
HO HOU	230.	BURIAL, CREMATION, 23b. D. REMOVAL (Specify)		CEMETERY OR CREMATORY		OCATION (City or Town)	(County) (Stote)
5 5 5 2	24	Burial July	y 25-1968 Mt. O	livet Cemetery	ZSa. REC'D BY REGISTI		vland 21701
OR ALS ALS	24.	M.R.Etchison &	Son Frede	PHALIPPET LE.	DATUL 24	1968 gelian	
1 177					- 14		



\$ 1	١.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	~ -
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	235
HEALTH DEPT,	1 D	CEASED NAME First Middle Lost 20, DATE KNOWN TO Month	Doy Year 2b HOUR
is to to	(ype or Print) Mary Alverta Makel DEATH MATED 7	6 1968 p.M
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- F - C	7a. ≡tun	SIRT-PLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? II. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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cer orw orw may	E.	190 DATE OF OPERATION 1966. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
INER: This certificate, writishauld be forwar files. 3 shauld be used attion, or remayal	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 2tc HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite	
ER: certifi nauld es. shauld ifan, c	IS I	PRIMARY OR CONTRIBUTING HOUR A M P.M. 19	
sha sha file 3 shandtin	WED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, OCATION Street or R.F.D. No. City or Town	County State
L EXAN ecute the Page 4 or your R: Page		WHITE NOT WHITE foctory, office building, etc.)	
		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection 🔲, Inquiry 🔲	and in my opinion
bice sterined ined		death resylled fram: Natural causes 🔼, Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined manner	
IIY place of the price of the p		ACTUAL OFFICE OF CONTROL STANDING CHIEF MEDICAL EXAMINER CONTROL STANDING	Lenen
Pry, Iry, Ibe respectively.		SIGNATURE MD ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	lio 6 1968
o DEPUTY DICA necessary, please exthe funeral director. S may be retained to pruneral DIRECTO Health priar to bur		NAME (Type) Robert J. Thomas ADDRESS(Street, city, town, or county) Frede	otek Ma
TO DEPUTY necessary, the funero 5 may be TO FUNERA Health pr	230	BURIA, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
		REMOVAL (Spearly) 3urial 7-10-1968 Fairview Frederick F	Ined Md
VR A15ME (5)		FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 250 REGISTRAR S S	GNATURE
10W SEA 1/98		C.E. Hicks, 111 Frederick, Md DatUL 11 1968 gClearly	- June

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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	Itom2a, FilmG403 8/5/MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10002	0.00
HEALTH DEPT.	1 DECEASED NAME First Model for the first Model for the first Model for the first Model for the first for the firs	Yeor 2b HOUR
of ge	(Type or Punt) Charles Mack McCutcheon OF ESTI- DEATH MATED EX July 25	2 18 1
\$ m & E	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER 1 FEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
Tang de de	Male White April 13.1914 514 YRS MONTHS DAYS MOURS MIN July 29	⁰⁷ 1968 M
E ~ 7	70 B RTHPLACE (State or foreign 75 CHI-ZEN OF WHAT COUNTRY? IN MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	Maryland U. S. A. WIDOWED DIVORCED Frederick	Me
	TO CIT OR TOWN OF DEATH TI NAME OF MOSPITAL OR INSTITUTION (IT not in hospital 1/20 USUAL OCCUPATION (Kind at work done 1.26 Kind	ND OF BUSINESS OR
hours ofter death ltem 18 Give Poges Office along with for land 2 with the State	Point of Rocks Point of Rocks during most of working life, even if retired) NOUSTR	₹Y
s offer 18 Gr along 2 with deoth.	130 USUA: RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d IMSIDE CITY LIMITS? 13e STREET AND NUMBER	
	Maryland Frederick Pt. of Rocks YES IN NO Pt. of Rocks	
hours Item 10 Office Iond2	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
	00111	Oden
penck in 24 penck in service s repages 72 hours	(Yes, no, or unknown) (Hyes give wor or dotes of service) 219-12-1167 Albert McCutcheon, Point of Rocks, M	
₹ (a.)		
	18. CAUSE OF DEATH (Enter only one couse per inte far (o), (b), and (c)) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATN
be executed "pending" iief Medico" insit permit.	IMMEDIATE CAUSE (o)	
f M f with pent	Conditions, if any which gave DUE TO, OR AS A CONSTDENCE OF Clear	
d bed 't	(Is in immediate couse (a)	
should be ne word "pe o the Chief buriol-transit in ony ever	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she v he v to t bur d in	(c)	
This certificate shrings the value of forwarded to the be used as a bur or removal, and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certifi , writii orward used c moval.	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20	0 AUTOPSY?
for for eme	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL AUSE WAS 210 TIME OF THUJRY Month, Doy, Year 21c HOW NUJRY OCCURRED Enter nature of injury in Port 1 or Port 2, Item 1B)	YES TR NO
	210 EXTERNAL CAUSE WAS 216 TIME OF THOURY Month, Doy, Year 21c HOW JUJURY OCCURRED (Enter noting of injury in Port 1 or Port 2, Item 1B.)	
NER: T certifica hould b iles. should	PRIMARY FOR CONTRIBUTING HOURA M 139 19 67 Struck Lay Dicau CAUSE OF DEATH 216 INJURY OCCURRED 1/21e PLACE OF INJURY (At home, form, street). 21f LOCAT ON Street or R.F.D. No. 11. City or Town County	
= 9 × ± € 5	21d INJURY OCCURRED /21e PLACE OF PHJURY (At home, form, street, 21f LOCAT ON Street of R.F.D. No. 11 City or Town Count	fy State /
pepury cessory, please execute the cert e funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should ealth priar to buriof, cremation	AT WORK AT WORK Of at WORK of factory, office building, etc.)	ill liet
Pog for y		and in my opinion
EXAL E exect for. Po ed for CTOR:	death resulted fram Natural causes Accident S. Suicide Homicide Undetermined manner	. , ,
please directs directs birects	CHIEF MEDICAL EXAMINER	
al called	SIGNATURE ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 225 DATE SIGNED	00 0/9
Sony Sony Sony Sony Sony Sony Sony Sony	SIGNATURE SIGNAT	47, 1760
necessory, please en the funeral director 5 may be retained TO FUNERAL DIRECT Health priar to bu	NAME (Type) Robert J. Thomas, M.D. Frederick, Md. ADDRESS(Street, city, town, or county)	
07 = ± 20 H	230 BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION ((11y or Town) (County REMOVAL (Specify)	
	REMOVAL (Specify) Burial July 31, 1968 St. Paul's Cometery Point of Rocks, Fre ADDRESS Fulling 250 RECO BY REGISTRAR 250 REGISTRAR 250 REGISTRARS SIGNATURE.	
VR A15ME ST		
10M REV 1168.	M. R. Etchison & Son. Frederick, Maryland DATE AUG 1 1968 Charles	

MARYLAND STATE DEPARTMENT OF HEALTH

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1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . ? O Z
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . 394
2 82	1. D	CCEASED-NAME First Middle Lost 20. DATE OF DEATH 25. HOUR
deoth. neral ond 2 deoth.		ype or print) Month Day Yeor
a d	3. 5	X 4. RACE S. DATE OF BIRTH 6. AGE (In vigors) IF UNDER I YEAR IF UNDER 2M HISS
to de se		4. RACE 5. DATE OF BIRTH 6. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. FENDER C 10/38/03 GU YRS. FOR STATE FUNDER 24 HRS. FOR STATE
ours of the same o	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MAPPIED 19 COUNTY OF DEATH
= \s. \c. \Z	(0)	maryland U. S.A. WIDOWED DIVORCED Traderick
ate be executed within 24 an ond completely filled case remove corbon page and in ony event, within 7	10	TTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USLAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
e executed with ond completely is remove corbon in ony event, with	0	give street address) during most of working life, even if retired) INDUSTRY
plet cor cor ent,	13a adm	USUAL RESIDENCE (Where decembed lived, if institution Residence before 13c, CITY OR TOWN 3d INSIDE CITY LIMITS? 13e, STREET AND NUMBER
compl compl		ma. Treatmen rocky Ridge
ond rem	14. 1	ATHER'S NAME - First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost
ian cose	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL/RECURITY NO. 17 INFORMANT Address
5 v a		es, no ar unknown) (If yes give wor or dates of service)
	F	19 CAMES OF DEATH (Sales only one source was loss for (a) (a) and (a)
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) One of the couse per line for (a), (b), and (c).)
ne dea ■ff≡pi permit ion, or	П	4/09 IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF
the atto		Conditions, if any, which gave
hat n. n. onsi		rise to immediate cause (a). (b)
es t sicial ed b al-tr		last. 4 20 / (c)
quires that the d physician. signed by the #th burial-transit perr		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
law re nding been s the iar to l	<u>:z</u>	Dealety Mellity
s be os t	I S	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The Programmer after that the Pri	CERTIFICATION	18 1000
AN: ol oi krate for t		21c. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 1B.) TOR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year
SICI Spirit entified cof	MEDICAL	(If either, notify medical examiner) P.M. 19
OR ATTENDING PHYSICIAN: The law requires that the death be retained by the hospital or attending physician. INTECTOR: After this certificate has been signed by the attention in 3 should be detached for use as the burial-transit permit ed with the State Dept. of Health priar to burial, cremation, or re	1	21d IN. JRY OCCURRED While Not while of work 1 No. 1 N
VG the great of the late late late late late late late lat		220. certify that (1) (this hasailat attended the deceased from 7/30/68, 19, to 7/30/68, 19, that (1) (wet last
ATTENDING stoined by the CTER: After the should be do ith the State		sow the deceased glive on AFVEC 19 and that in (my) (qur) agriculture death occurred on the date and hour and from the
R ATTEN retoined retoined 3 shauld with the		couses stated above, (I) (we) (did) (did not) view the body ofter death.
R A A retraction with with with with with with with with		22b. SIGNATURE 22c DATE STONED 22c DATE STONED 27c DATE STONED
L OR r be r		DEGREE PHYS DIRECTOR DIRECTOR PHYS. DIRECTOR DIR
May May be to be t		NAME (Type)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retoined by the hospital or attending TO FINEEAL ILLECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to	230	BUR AL, CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Pog Pog sire		REMOVA (Specify) 0 8/2/68 Hayof Cometers m. Ladies began Fred mil
Α.	24	FUNERAL DIRECTOR 256 REGISTRAR
30M REV 1	1	9. C. Barton Utelkergville md. DATE AUG 5 1968 felsonles Juga



- 1			DIVISION		NO SIAIE DEPAK		ALITI DRE, MARYLAND 21201	
		10004	אוטוכוייוע	OF VIIAL RECORI	CERTIFICATE O		DRE, MARILAND 21201	.795
1		CEASED-NAME First		Middle	Last	2	o. DATE OF DEATH	2b. HOUR a
ı	- [1	ype or print) HARRY		D.	MILLER		July Manth [9 1968 12:45
	3. SE		4. RACE		5 DATE O		6 AGE (In years	IF UNCER LYEAR IF JNOER 24 HRS MONTHS DAYS HOURS MIN
	_	Male		White		14, 1888		
-	aur	SIRTHPLACE (State or foreign try)		OF WHAT COUNTRY?	8. MARRIED NEVER	THREATED	COUNTY OF DEATH	
	M	aryland ITY OR TOWN OF DEATH	U.	S. A.	<u></u>	VORCED [Frederick CCUPAT ON (Kind of work don	Md.
10.				give street address)	R INSTITUTION (If not in hospit	during most o	of warking life, even if retired. Lired	
l	130	Frederick USJAL RESIDENCE (Where deceo				138, INSIDE CITY LIMITS?		rarming
֡	admi	ssign) STATE aryland	13b COU	erick	Frederick	YES NO		Ird Street
		ATHERS NAME First	Mide			MAIDEN NAME First	Middle	Lost
		Charles	Н			Emma	Jane	Ramsburg
١	160.	WAS DECEASED EVER IN U.S. ARE	NED FORCES?	16b. SOCIAL SECUR			Address	
	У	es. No or unknown) (If yes give v	var or dates of servi	218 24	9808 Mrs. Va	da Miller	,327 E. Third	St.Frederick,Md
		18 CAUSE OF DEATH (Enter on	ly ane cause i	per line for (a), (b), and	(4)	11 Z W	u -/.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSE IMMEDI	D BY ATE CAUSE (a)	Dial	utes mu	sulle ?	sou realled	down
		2504	DUE TO,	OR AS A CONSEQUENCE	OF	1	•	
		Conditions, if any, which gave rise to immediate cause (a).	(b)	/\				<u> </u>
1		stating the underlying cause	DUE TO,	OR AS A CONSEQUENCE	OF			
		last.	(c)					
ı		PART 2. OTHER SIGNIFICANT CO	NDITIONS CON	TRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART I(o)	
ı	Š	19a, DATE OF OPERATION 19b.	EXIVE	OR WHICH OPERATION WA	10x0/0x024	UTOPSY?	TOOL IF WES THERE SHIPING	S CONSIDERED IN CERTIFYING
	CERTIFICATION	17d. DATE OF OPERATION 190.	COMPITION FO	A FRILIT OF ERRITOR WA	S PERFORMED ZOG. A		CAUSES OF DEATH?	CONSIDERED IN CERTIFICING
	CERTI	21a ACCIDENT WAS UNDERLYIP	NG 21h TII	ME OF INJURY			ture of injury in Part 1 or Part	2 (tem 18.)
		OR CONTRIBUTING CAUSE OF DEAT	IH HOUR		ear	Inter (ee.)	serve or injury in a win i di 1901	-,
-	MEDICAL	(If either, natify medical exami 21d INJURY OCCURRED 21e.	PLACE OF INJ		T, FACTORY, } 21f LOCATION	Street or R.F.D. No.	City or Town	County State
I		While Not while at work		COFFICE BUILDING, ETC.	′			
		22a I certify that (I) (the	is hospital)	ottended the dece	eosed from	3, 1967	, to	19.68_, that (1) (we) last
						(my) (our) opinio	in death occurred on the	date and hour and from the
		causes stated above	e, (1) (we) (aia) (aia noi) view i	ne body difer deoin.		29	Rc. DATE SIGNED
ı		TO AALES	3.11.	A-0.0	DEGREE PHYS	NĐING MED DIREC	CO STAFF CON	July 10,1968
I		22d PHYSICIAN'S	4. In	Chicago		ADDRESS	107	741, 1031,00
		NAME (Type) James	B. Tho	mas, M. D.	22	8 N. Mark	et St. Frederi	ck, Maryland
	230	BURYAL, CLEMATION 23b.		23c NAME	OF CEMETERY OR CREMATOR		3d LOCATION (City of Town)	(County) (Stote)
		Burial Jul	y 12,1	The state of the s	Olivet Cemet			ederick Md.
l	24.	FUNERAL DIRECTOR	wona	12 MADDI		2Sg. REC'D BY RI	1 1968 25b REGISTRA	R S SIGNATURE
		M. R. Etch	ison &	Son, Fred	erick, Maryla	ind DAY UL I	1000	The Manage



MAKTLAND STATE DEPAKTMENT OF HEALTH

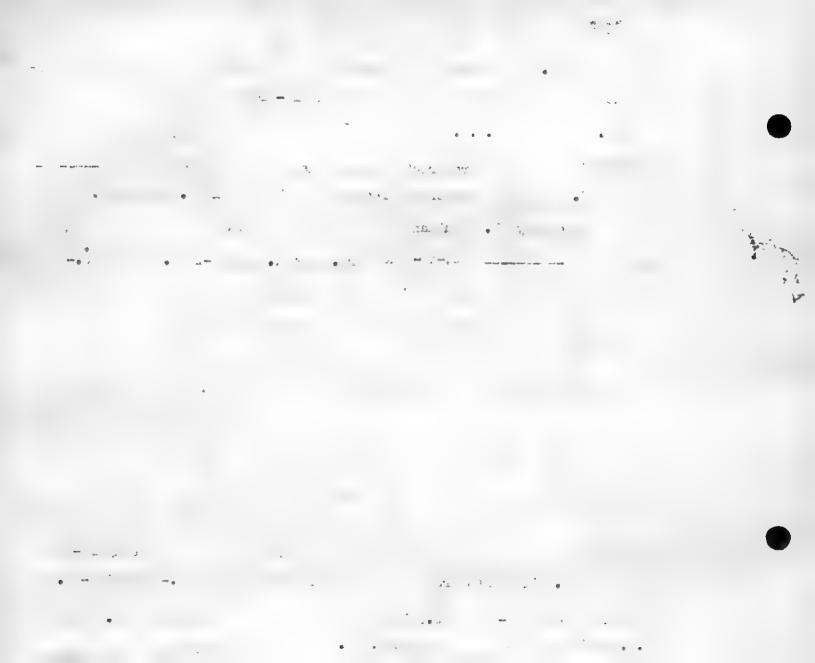


20	003	DIVISION O	F VITAL RECORDS		RESTON STRE		ORE, MAR	(LAND 2120)1	97	
1 DECEASED NAM (Type or print		gil	Middle	Parker	Lost		2a. DATE OF D	EATH Month 7	Day 17	Yeor 68	26 HOUR a/ 1:45M
	ale	4. RACE WI	nite		S. DATE OF BIRTI 7/16/6	58			YRS. IF UNDER		F UNDER 24 HRS. HOURS M N
70 BIRTHPLACE (country) Mar	(State or foreign	7b. CITIZEN OF V		WIDOWED	<u> </u>		county of the co	ck			Md.
rederic	k	givi	NAME OF HOSPITAL OR II	derick	Memoria	during mast	t af warking lil — —	Kind of work d fe, even if retir	ed.) INDL	ISTRY —	SINESS OR
odmissian) STA	Md.	13b COUNTY	ution: Residence before Prederick	New M	arket Y	ES NO P	Вох	ET AND NUMBER			
Stephe	n Brad		lost		Brenda	Carol					Last
160. WAS DECEA Yes, na, ar un	SED EVER IN U.S. AR known) (II yes give	MED FORCES? wer or dates of service)	16b. SOCIAL SECURITY		NFORMANT nother		san	Addre	\$5	APPROXIMAT	Z 107/ Mill
Conditions, use to immistating the lost.	I DEATH WAS CAUS IMMED if any, which gove mediate cause (a), a underlying cause THER SIGNIFICANT CO	ED BY. IATE CAUSE (a) DUE TO, OR (b) DUE 10, OR (c) ONDITIONS CONTRIB	AS A CONSEQUENCE O	F NOT RELATED TO						BETWEEN ONSE	
A MIES	OF OPERATION 195		HICH OPERATION WAS F		20a. AUTOPS' YES OW INJURY OCCUR	NO 🔀	CAUSES (ES, WERE FINDII OF DEATH?		***	IFYING
OR CONTR (If either, r	BUTING CAUSE OF DE notify medical exam	ATH HOUR A.M niner) P.M	. Manth Day Yea	19				r Town	Count		Stote
22a. I ce	ertify that (I) (t	his haspital) at ative on re, (l) (we) (did	tended the decea)(did not) view the	sed fram	d that in (my) death.	, 19 <u></u> ; (aur) apini	, ta an death ac	corred on th	, 19 <u>()</u> ie date and	, that (I I haur ar	l) (we) last
22b. SIGNA 22d. PHYSI NAME	ICIAN'S	E /	Wright	DEGR	ATTENDING PHYS 22e. ADDRE	SS	erick,	STAFF PHYS. Md.	22c, DATE SIG 7/17		
230. BUR AL ER	EMALON 23b Specify)	DATE 7/17/68	23c NAME 0 Frede	F CEMETERY OR	morial	Hosp.	23d. LOCATION Fred	(City of Town)	Md.		(State)
24 FUNERAL DI		1 Colm	ADDRES	Y/Fin !	ick, Md.	So. REC'D BY	REGISTRAR		RAR S SIGNATI		La Company

MARYLAND STATE DEPARTMENT OF HEALTH







	1901	0	DIVISION OF V		301 W. PRES			, MARYLA	ND 21201	. 204	1
# AZ	1. DECEASED-NAME (Type or pant)	First	D.4	Middle chard	Doma	last	20. E	DATE OF DEAT	H Month 📲 🕴 Day	7 De gor	2b HOUR
9 9	3. SEX	9.0	4 RACE	chard	Rams	DATE OF BIRTH	OLL	_у	GE (In years	15 ANDER 1 YEAR	IF UNDER 24 HRS.
by the f	Male		Whi	te	l l	une 29-	1907	lou	birthday)	MONTHS DAYS	HOURS MIN
n by round hours	7a BIRTHPLACE (State country)	or foreign 7	7b. CITIZEN OF WHAT			NEVER MARRIED		nty of DEA	H rick		
24 ed ape	Md.	DEATH.	U. S.	OF HOSPITAL OR IN	WIDOWED	DIVORCED			d of wark done	301 KIND OF	Md
ate be executed within 24 hours after death ician sad completely filled in by the fineral lease remaye carban papers. Pages and and in any event, within 72 hours after seath	Frederic		give 30	9 address) Sec	ond St.	i nospiroi 12	rang most of w	orking ufe,	even if retired.)	12b KIND OF INDUSTRY Ferti]	BUSINESS OR Lizer Co
hed v hplete e cark vent,	130 USUAL RESIDENCE odmission) STATE	(Where deceased	d lived, if institution	Residence before rederick	13c CITY OR TO				AND NUMBER W. Secon		
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	14. FATHER 5 NAME	First	Middle	Lost Lost		OTHER'S MAIDEN		207	Middle	12th D04	Last
\ o \ \ \ \ = \ \ \ \ \ \ \ \ \ \ \ \ \	14. PATRICK 3 MAINE	Elias		Ramsburg		MITIER 3 MAIDEN	1311	ian	middie	O'Ri	
dan	16a WAS DECEASED EV			P SOCIAL SECURITY		PMANT	134444	LOUI	Address H	rederic	
2 20 - 1	Yes, ag, ar unknown) (If yes give war		214-10-5		• Mildre	d S. R	amsbur	g-309 W	. 2nd. S	St
equires that the death certifi physician. signed by the attending phy burial-tronsit permit. Then burial, cremation, or remaval	18 CAUSE OF D	EATH (Enter anly TH WAS CAUSED	ane cause per line	far (a), (b), and (c))		/ 0	<u></u>	2	APPROXIM BETWEEN O	MATE INTERVAL NSET AND GEATH
endi mit.	PAKITORA	IMMEDIAT	E CAUSE (a)	ero m	10 pas	coma	of U'	wma	ch	74	ears
ne d peri		()	DUE TO, OR AS	CONSEQUENCE OF		+	1,	,	10	10	
at the risit mad	Conditions, if an	te cause (a),	(b) Gar.	the he	lasher	so lo	splien	V gno	1 Chies		
s that t cian. d by the tronsit	stating the unde		DUE TO, OR AS	A CONSEQUENCE OF	1		0				
equires that physician. signed by t burial-trons burial, crem		JOHNSTONE COMP	(t) DITIONS CONTRIBUTION	C TO DEATH BUT A	OT BUILTED TO TH	IE TERMINAL DICT	ACT AD CONDITIO	NI CIMEN IN	DART 1(_)		
requestion signatures a but a	10	IGNIFICANT CUND	ALLIQUE CONTRIBUTION	G TO DEATH BUT N	IOI KELATED IO II	IE LEKMINAL DISE	ASE OKTONDING	ON GIVEN IN	raki i(d)		
aw randing been the orta	19er DATE OF OPER	ATION 196 CO	ONDITION FOR WHICH	OPERATION WAS PE	FREORMED	20a AUTOPSY?		20b IF YES	WERE FINDINGS O	ONSIDERED IN CE	RTIFYING
AN: The law re all or attending icate has been for use as the fealth prior ta	5 7/3	1964 Ze	4 -	rema of		YES [T]	NO 💢	CAUSES OF I			
or office has been the hase south p						INJURY OCCURRED		of וחי עזעןתו	Part I or Part 2,	item 18.)	
pital opital of far af He	OR CONTRIBUTING			Manth Day 'Year 1							
S PHYSICIAN: The the haspital or after this certificate has detached far use as each of the best of Health pri		JRRED 21e, P	LACE OF INJURY (AT	HOME, FARM, STREET FA	CTORY) 21f. LOCAT	I(ON Street or R	FD No	City or To	าพก	County	State
this the Deep of the Property	While Nat wark at wark	rk 🗆			0					16	
ATTENDING PHYS stained by the has CTOR: After this ce should be detached the State Deptitif the State Deptical control of the State Deptition of the State Depti	220 certify	that (i) (this	hospital) attenu	ded the deceos	ed from	n mer 176	71964.	to ful	7 4 19	<u>68</u> , thot	(I) (we) lost
R: A	couses s	oeceasea on toted obove,	(I) (we) (did) (d	d not) view the	body ofter dec	ath.	or) obunou o	MONI OCCO	rrea on the ut	ne ona nour	ond nom me
A ATTEND retained retained ECTOR: A 3 shauld with the 9	22b. SIGNATURE	10	, 0	7			MER	_ 0	22c	DATE/SIGNED /	
OR be re DIRE	(1 Seco	tun Jan	see V	M. DEGREE	11113	MED DIRECTOR	PH	AFF D 7	115/6	8
P of p of	22d PHYS CIAN S NAME (Type)	Dr.	A. Austin	Pearre		22e. ADDRESS L4 E. C1	nurch S	t.→Fre	derick,	Md. 21	701
O HOSPIT Page 4 m O FUNERA director, I should be	23a BURIAL, CREMATIC	ON, 23b D/			CEMETERY OR CR			LOCATION (C		(County)	(State)
55 5 £ ()	BUT A CONT	1	ly 17-196		livet Ce	metery	F	rederi	ck, Md.		
VR A15	24. FUNERAL DIRECTOR		od To	ADDRESS	Whitmo	re 25a.	RECD BY REGIS		2Sb REGISTRAR'S		
30M REV 176	M.R.Etc	ursou &	DON ,	rrederi	ck, Md.2	JATE DATE	JUL 29	11/06	your	May Jus	the .

MAKTLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 202 CERTIFICATE OF DEATH 1. DECEASED NAME Middle 20. DATE OF DEATH First Last (Type or print) Abby McGardell Remsherg 3. SEX S. DATE OF BIRTH 4 RACE AGE (in years IF UNDER 1 YEAR last birthdoy) director, page 3 should be detached for use os the buriol-transit permit. Then please carbon papers Page should be filed with the State Dept. of Health prior to buriol, cremation, or remov≡l, and in ony event, within 72 hours af 11/22/1898 white female executed within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED [country) WIDOWED | DIVORCED [Frederick Maryland 12a, USJAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR give street address)
Route during most of working life, even if retired)
NOUSEWITE INDUSTRY Middletown own home 13a. USUAL RESIDENCE (Where deceosed lived, if institution Residence before date of the last this of the county frederick of middletowness.) 13d. INSIDE CITY JANTS? 13e STREET AND NUMBER Holter Road 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Last Lost Barnes oute 2 S. McCardell Gertrude Edgar requires that the deoth certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknawn) J. Homer Remsberg, Middletown, no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per live 16.
PART 1. DEATH WAS CAUSED BY: (a), (b), and (c)) BETWEEN ONSET AND DEATH signed by the attendil buriol-transit permit. 421 4 mn IMMEDIATE CAUSE (o) Conditions, if any, which gave) rise to immed ote cause (a), Page 4 may be retained by the hospital or ottending physician. stating the underlying cause last PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 20a AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO BY 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D No. Stote City or Town County While Not while 220. I certify that (I) (this haspital) aftended the deceased from III and XUL4 24 __1968_, and that in (my) (our) opinion death accurred on the date and hour and from the sow the deceosed olive on.... couses stated above. (1) (we) (gid) (did not) view the body ofter death. 22b SIGNATURE 22c. DATE SIGNED OMOR H **ATTENDING** STAFF DEGREE DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Elmer Middletown Harn 23d LOCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 8/1/68 Middletown. Reformed Cemetery 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 1968 Gladhill 30M REV Company, Middletown, Md. DATEAUG 2





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I. DECEASED-NAME Middle Lost 2a. DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 haurs after death (Type or print) 3. SEX 4 RACE S DATE OF MIRTH F JINDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) MONTHS ! HOURS 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED MEVER MARRIED 4 country) WIDOWED [DIVORCED the attending physician and campletely filled sit permit. Then please remave carban page IG CITY OR TOWN OF DEATH please remave carban pa 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if ret red) INDUSTRY and in any event, 13g USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY YES 4 NO 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First 16g. WAS DECEASED EVER IN 166. SOCIAL SECURITY NO 7. INFORMANT Yes, no or unknown) ar removal, NONE APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b) opd (c) SETWEEN ONSET AND GEAT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) burial, cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) burial-transit rise to immediate cause (a), signed by Page 4 may be retained by the hospital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been priar ta 3 shauld be detached far use as the with the State Dept. of Health priarta 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notity medical examiner) 3 shauld be detached 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work 220. I certify that (I) (this hospital) oftended the deceased fromand that in (my) (out) opinion death occurred on the date and hour and from the saw the deceosed olive on. causes stated above, (1) (we) (did) (did not) view the body after death! 22b SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 Should be filed v PHYS. DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS Guest NAME (Type) 230 BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) Mt. Olivet Cemetery Frederick, Md. 21701 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 4 M.R.Etchison & Frederick, Md.21701

MAKTLAND STATE DEPAKTMENT OF HEALTH

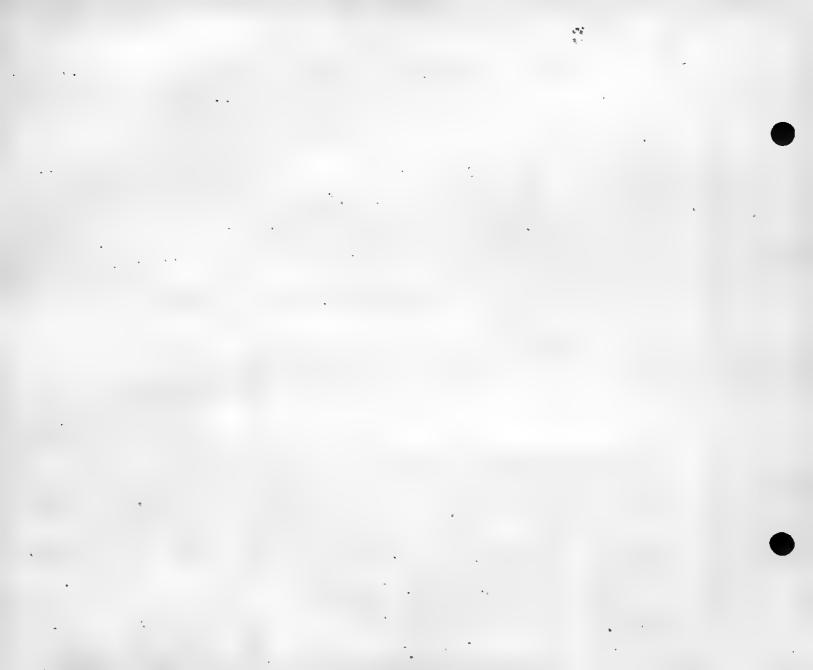
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MAKITAND STATE DEPAKTMENT OF HEALTH

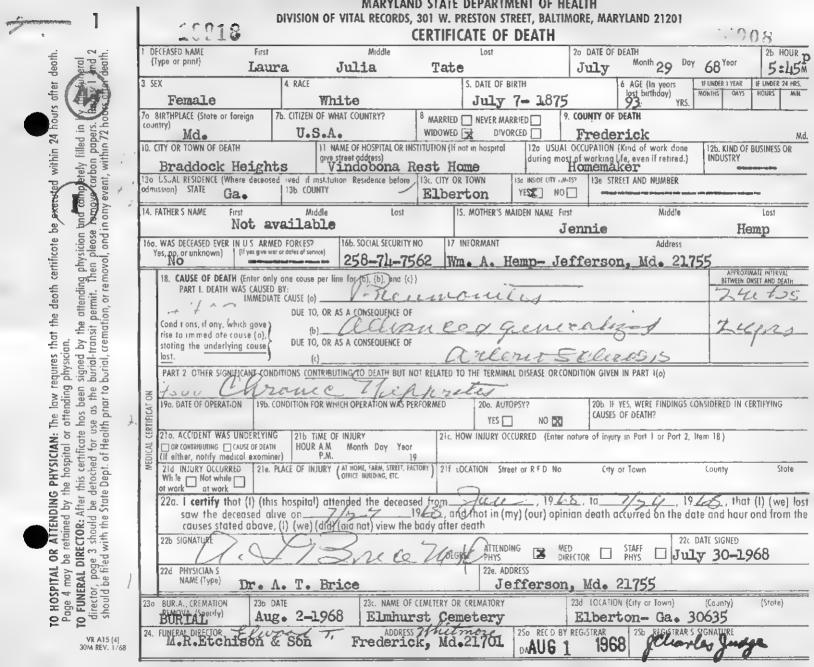


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AL AL Poor		22d. PHYSICIAN'S NAME (Type)	r D. Drove	22e. ADDRESS	14/14/AC-A	mn
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		MARYLAND STATE DEPARTMENT OF HEALTH
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by e. 3 shauld be detached far use as the burial-transit pering the pease remave carban papers. Fed with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 hours.	10.0	grue street address). If How Eduring most of working life, even if retired \ INDUSTRY
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cia afe	160.	WAS DECEASED FYER IN US ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address 2.1787
章/章 \$		(es, no, or unit own) (II yes give wor or dotes of service) None Mr. William Stansbury, Taneytown, Maryland
attending ph pering ph pering (he	Г	18. CAUSE-OF DEATH (Enter only one cause per line for (a), (b), and (c).)
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law re nding been s the iar to	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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aspi cert hed bed	SE SE	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACCORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State
PH e h		And Rowning
ate ate		22a. I certify that (I) (this hespital) attended the deceased from 6, 1968, ta 7, 1968, ta 1968, that (I) (we) last saw the deceased alive an 7, 1968, and that in (my) (our) apinion death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death.
A P A P A P A P A P A P A P A P A P A P	1	saw the deceased alive an 7/14 1968, and that in (my) (our) apinian death accurred an the date and haur and from the
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Marie Barrell	П	22b. SIGNATURE . 22c. DATE SIGNED STAFF 22c. DATE SIGNED
Pe 3 Pe de		Lettlane, M. V. DEGREE ATTENDING DIRECTOR DIRECTOR 7/35/65
TAL AL Page e fill		22d PHYSICIAN'S NAME (Type) F. A. DETTBARN 22e, ADDRESS Wallie-wielle, Und. 21743
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transly and be filed with the State Dept. af Health priar to burial, cre		
FU See	230	BURIAS, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 5 5 2 V	L	Burial July 27,1968 Keysville Cemetery Keysville, Carroll Co., Md.
VR ATS PIL	24.	FUNERAL DIRECTOR LA SALLEY ADDRESS 21787 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
30M REV 1/68		C.O. Fuss & Son. Taneytown, Maryland DAWUL 26 1968 Charles Jugas.







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hin 2	10 CITY O	R TOWN OF DEATH	11. NA	ME OF HOSPITAL OR INSTITU	ITION (If not in hospital		UPAT ON (Kind of wor		KIND OF BUSINESS OR	
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the law requires that that that offending physician. has been signed by the is as the burial-transit harior to burial, cremati	PAR	2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT	ELATED TO THE TERMINA	AL DISEASE OR CONDITI	ON GIVEN IN PART 1(d	1)		
ng I	2 /	r. 18								
be be	190 (ERTHICATION 210.	ATE OF OPERATION 1	9b. CONDITION FOR WHI	CH OPERATION WAS PERFO	RMED 20a. AUTO	OPSY?	20b. IF YES, WERE FI	NDINGS CONSIDER	RED IN CERTIFYING	
hos se of the	IĔ				YES] ио 🗆	CAUSES OF DEATH?			
å pe af a de		ACCIDENT WAS UNDERL			21c. HOW INJURY OC	CURRED (Enter nature	e of injury in Port 1 o	r Part 2, Item 18	.)	
CGA Figure 1915 Figure 1915 Fi		CONTRIBUTING CAUSE OF I	miner) P.M.	Manth Day Year						
PHYSICIAN: ne hospital or this certificate etoched for u Dept. of Heal		INJURY OCCURRED 2	Te. PLACE OF INJURY	AT HOME FARM, STREET, FACTORY	21f. LOCATION Stre	et or R.F.D. No.	City or Town	Coบก	nty Stote	
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ING Dy t ter ter tate	22a	certify that	(this hospital) <u>ot</u> te	nded the deceosed	rom 4/24	, 1968,	to 7/7	, 19_68	that (1) (we) I	asi
A Par		sow the deceased	olive_on	719.6	A, and that in (m)	(our) opinian	death of curred or	n the dote one	d hour and from t	the
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OR ATTENDING PHYSICIAL be retoined by the hospital DIRECTOR: After this certificate a 3 should be deforched for led with the State Dept. of He	220.	11	100	and de	DEGREE PHYS	ING MED.	STAFF	7	0 /2	-
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SPITAL 4 may VERAL ror, pag ld be fi	220.	NAME (Type) 7/17	HARD	C. REVINA		REDER	ICK		ms	
O HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the hosy O FUNERAL DIRECTOR: After this can director, page 3 should be deforbed. Thould be filed with the State Dept.	23a RIID	AL, CREMATION, 23	Ib. DATE	23c NAME OF CEM	ETERY OR CREMATORY	23d.	LOCATION (City or To	wn) (Cou	inty) (Stole)	
O HO Poge Fun		fullmonth IAW	UJULY 19		OUNT	11	RERTYTA	WA	mD	
5-5	150	RAL DIRECTOR	1 0.	ADDRESS	DUITT	250 REC'D BY REG		G STRAR S SIGNAT	URE	
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MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTHMORE, MARYLAND 21201 CERTIFICATE OF DEATH Death D					STATE DEPARTMENT OF		
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24 TUNESAL DECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE	by be Start		22a. I certify that (I) (this	hospital) ottended the decease		9, 10 <u>/14-//06</u>	. 19, That (I) (we) lost
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24 TUNESAL DECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE	UNE 4	230	BURIAL CREMATION 235 DA	ATE 23c. NAME OF C			(County) (Stote)
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VEALURY 1 7 A RESTORMENT OF THE PROPERTY OF TH	F F 16.)	24				D BY REGISTRAR 25b. REGISTI	RAR S SIGNATURE
30M KEV 1768 ROBert E. Dailay & Son Frederick, Maryland DAMIII 1 1300	VR A15 (4) - 30M REV 1/68	16	71 0 1507777 6 6	av & Son Frederi	ck. Maryland DAAU!	1000	arles Judge



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1		40002 4	DIVISION OF VITAL RECORDS,			09914
		10024		CERTIFICATE OF DEAT		
A A SE		CEASED-NAME First	Middle	Last	2a. DATE OF DEATH Month D	2b. HOUR
2 VI SE		77774		IMMERMAN	JULY 3	0 1968 750M
fer fur frer frer	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (fn years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
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oby the furnity of th	7a. E		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
d in d in 72		MARYLAND	USA	WIDOWED DIVORCED	FREDERICI	
in all and the	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in haspital 12a. I	JSUAL OCCUPATION (Kind of work dans g mast of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
ban within		FREDERICK	MEI	70RIAL	FIRMER	OWN FARM
be executed within 24 haurs after and completely filled in by the fur e remave carban papers. Pages I in any event, within 72 haurs after		USUAL RESIDENCE (Where decease ssign) STATE A	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE	Aurest .	
cam dive		1110.	PREDERIEN	UNIONYILLEYES	14014 800	
and and rem	14, 1	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAM		Last
and in			ILLE ZIMMER		HARRIS	
N D -		WAS DECEASED EVER IN U.S., ARM es. na. ar unknown) (If yes give w	the state of the s		Address	MD
E E E		NO ST		10834 EDNA ZI	MMERMAN UNI	APPROXIMATE INTERVAL
And physical		18. CAUSE OF DEATH (Enter online PART). DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c)			BETWEEN ONSET AND DEATH
he death and attend permit.			TE CAUSE (0) Congesti	ve Heart Failure		
the death		4129	DUE TO, OR AS A CONSEQUENCE OF			
the sit		Conditions, if any, which gave rise to immediate cause (a),	(b) Arterios	clerotic Heart D	sease	
tran franch		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
ysici ned ial-		lost 4200	(c)			
equires that the physician. signed by the burial-transit purial, cremati			DITIONS CONTRIBUTING TO DEATH BUT N			
w r ding een the rr ta	S		Emphysema; Cardiac			CONCIDENT IN CONTINUE
The law requires the attending physician. has been signed by se as the burial-traith priar to burial, cre	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	
T at	ERIE	BL ACCIDENT WAS INDEDIVIN	C lost time of william		L les	
AN: al ar icate far u Heal		21 g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT			Enter nature of injury in Part 1 or Part 2	r, Irem 18.)
Sica Spita Spita ed the	MEDICAL	(If either, natify medical examin	er) P.M.		72 7	C4.4-
OR ATTENDING PHYSICIAN: The law requires that the deaber etained by the haspital ar attending physician. ORECTOR: After this certificate has been signed by the attence. 3 shauld be defached for use as the burial-transit permit ed with the State Dept. af Health priar ta burial, cremation, and	2	21d. INJURY OCCURRED 21e. While Mat while	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.D	Na. City or Tawn	County State
te Defendence		While Nat while at wark		11 20 110 1	0/ 1 11/2-1 1	0/07 About (1) / 1 / 1
by be Sta		22a. I certify that (I) (thi	s haspital) attended the deceas	ed fram / (lky . , 1	oninian death accurred on the	968, that (I) (we) last
the the		causes stated above	, (i) (we) (did) (did nat) view the	bady after death.	apinian acam accords an me t	zore and near and nam me
TA Specification		22b SIGNATURE	17-4	17751101110		c. DATE SIGNED
DIRE of v		Jamo	005 / homa	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	July 31, 1968
AL C		22d PHYSICIAN'S James	B. Thomas, M. D.	22e. ADDRESS	N. Market St., F.	rederick. Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filled with the State Dept. af Health priar ta						The state of the s
HO H	23a	BURIAL (REMATION, 23b. 1		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
5-5-2	-	DUMING 110	62-1968 LING		UNIONVILLE	MD
VR A 5 (4)	24.	FUNERAL DIRECTOR	ADDRESS	1 +	AUG 2 1968 REGISTRAR	Conlas Judge
30M REV 1/68	_1	UN Harles	er v some of	electron DATE	AUG 2 1968 pc	wanted Judge

